

Coordinated System of Care

Outcomes & Wraparound



Context: The 9% of youths involved with multiple systems consume 48% of all public resources

Washington State DSHS, 2004

9 percent of children who received mental services from two or more DCHS administrations used
48 percent

of children's

dollars

mental health

4,200 children

Total = 44,900 children

Dollars 48% \$81 million

Total = 169 million



Why are outcomes so poor and costs so high?

Child and family needs are complex

- Youths with serious EBD typically have multiple and overlapping problem areas that need attention
- Families often have unmet basic needs
- Traditional services don't attend to health, mental health, substance abuse, and basic needs holistically
 - Or even know how to prioritize what to work on









Why are outcomes so poor and costs so high?

Families are rarely fully engaged in services

- They don't feel that the system is working for them
- Leads to treatment dropouts and missed opportunities





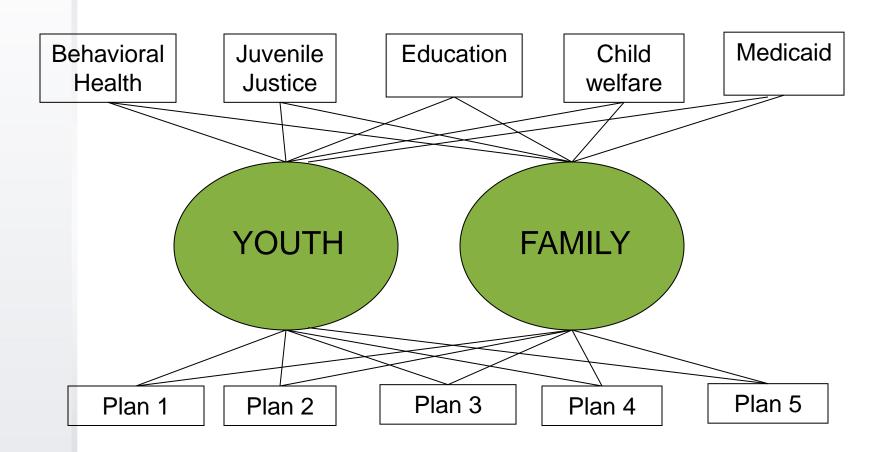
Why are outcomes so poor and costs so high?

- Systems are in "silos"
- Systems don't work together well for individual families unless there is a way to bring them together
 - Youth get passed from one system to another as problems get worse
 - Families relinquish custody to get help
 - Children are placed out of home



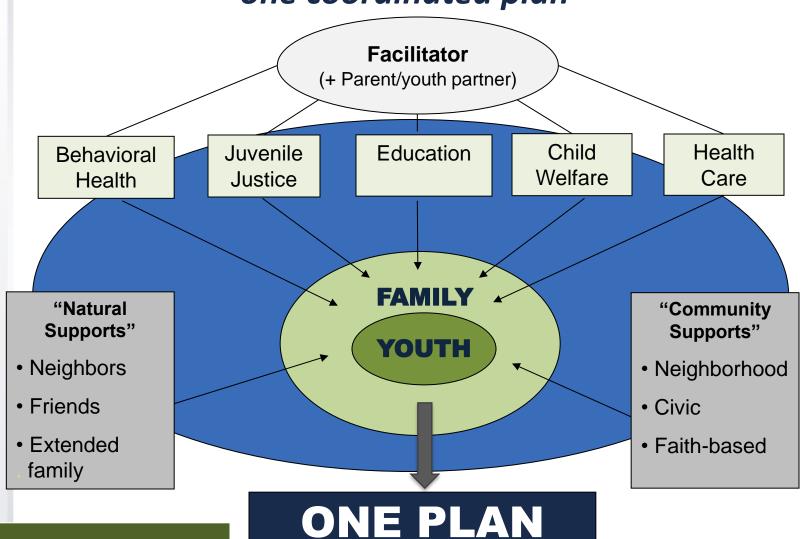


The silo issue: Traditional services rely on professionals and result in multiple plans





In wraparound, a facilitator coordinates the work of system partners and other natural helpers so there is one coordinated plan





Wraparound Principles

- 1. Family voice and choice
- Team based
- 3. Natural supports
- 4. Collaboration
- 5. Community-based
- 6. Culturally competent
- 7. Individualized
- 8. Strengths based
- 9. Unconditional (and/or "Persistent")
- 10. Outcome-based



OUTCOMES OF WRAPAROUND

10 CONTROLLED, PUBLISHED STUDIES TO DATE; BRUNS & SUTER, 2010

Better functioning and mental health outcomes

- Reduced recidivism and better juvenile justice outcomes
- Increased rate of case closure for child welfare involved youths
- Reduction in costs associated with residential placements





Lower Costs and Fewer Residential Stays

- Wraparound Milwaukee
 - Reduced psychiatric hospitalization from 5000 to less than 200 days annually
 - Reduced average daily residential treatment facility population from 375 to 50 (Kamradt & Jefferson, 2008)
- Controlled study of Mental Health Services Program for Youth in Massachusetts (Grimes, 2011)
 - 32% lower emergency room expenses
 - 74% lower inpatient expenses than matched youths
- CMS Psychiatric Residential Treatment Facility Waiver Demonstration project (Urdapilleta et al., 2011)
 - Average per capita savings by state ranged from \$20,000 to \$40,000



Lower Costs and Fewer Residential Stays

- New Jersey
 - Saved over \$30 million in inpatient psychiatric expenditures over 3 years (Hancock, 2012)
- Maine
 - Reduced net Medicaid spending by 30%, even as use of home and community services increased
 - 43% reduction in inpatient and 29% in residential treatment expenses (Yoe, Bruns, & Ryan, 2011)
- Los Angeles County Dept. of Social Services
 - Found 12 month placement costs were \$10,800 for wraparound-discharged youths compared to \$27,400 for matched group of residential treatment center youths



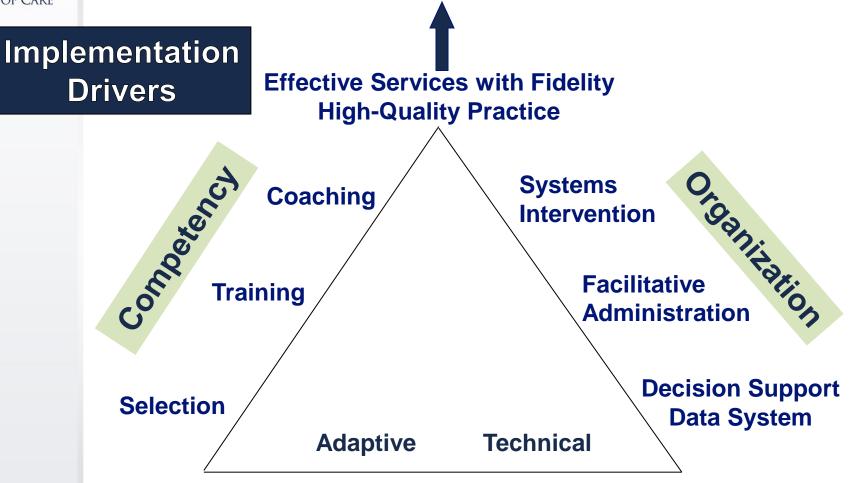
However.... Outcomes depend on implementation

Studies indicate that Wraparound teams often fail to:

- Incorporate full complement of key individuals on the Wraparound team
- Engage youth in community activities, things they do well, or activities to help develop friendships
- Use family/community strengths to plan/implement services
- Engage natural supports, such as extended family members and community members
- Use flexible funds to help implement strategies
- Consistently assess outcomes and satisfaction

Positive Child and Family Outcomes





Leadership



Louisiana Data





- The Wraparound Fidelity Index, Short Version (WFI-EZ)
 - A brief, self-report version of the Wraparound Fidelity Index v.4.
 - Versions of the WFI-EZ are available for facilitators, caregivers, youths, and team members
 - (LA did not collect data from team members)
- The goal was to create a reliable and valid measure of adherence to the wraparound principles that is easier to administer and less time consuming than the full WFI-4 interview protocol.
- Can be completed either on paper or online.
- WFI-EZ also contains questions about satisfaction and outcomes.
- Items on the caregiver, youth, team member and facilitator versions of the WFI-EZ will be parallel to one another, which promotes more straightforward scoring and interpretation of the data.



Wraparound Fidelity Index, Short form (WFI-EZ)

WFI-EZ (Wraparound Fidelity Index, Short form v.1.0)

- Fifteen sites across the country have collected a combined total of over 1,000 WFI-EZ surveys
- Official national means were calculated using this first round of data for each respondent and each "key element"
- Currently designing score standardization process to better facilitate the interpretation of EZ scores





Summary of Respondents						
	Region 1	Region 2	Region 7	Region 8	Region 9	LA All
Number of children/youth	78	77	54	71	78	358
Interviews completed:						
WFI-EZ Caregiver	44	41	34	45	34	198
WFI-EZ Facilitator	78	77	54	70	74	353
WFI-EZ Youth	12	22	13	12	24	83
Total interviews completed	134	140	101	127	132	634

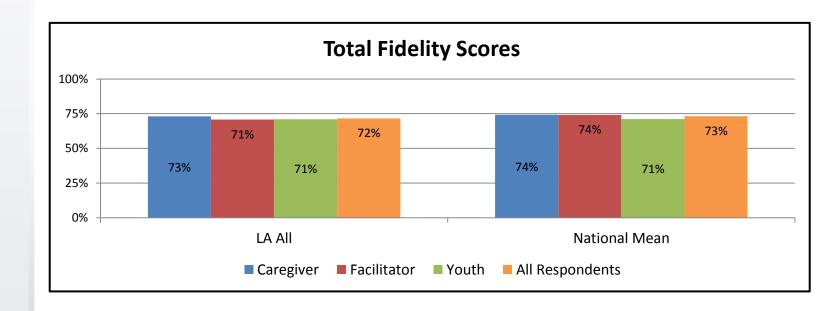
Region	Caregiver	Youth	Facilitator
1	58%	20%	100%
2	57%	35%	100%
7	64%	33%	100%
8	66%	21%	99%
9	45%	36%	95%



SYSTEM OF CARE

Total Fidelity Scores

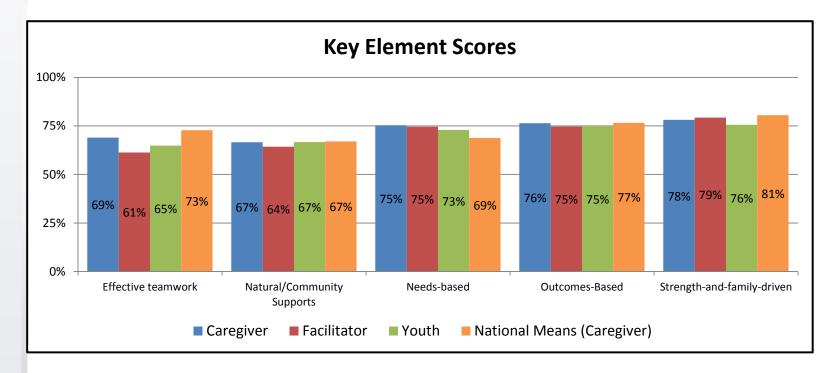
Caregiver and Youth total fidelity scores in Louisiana are very similar to the national comparison sample. The facilitator score, however, is about four and a half percentage points lower than the national average





Key Element Scores

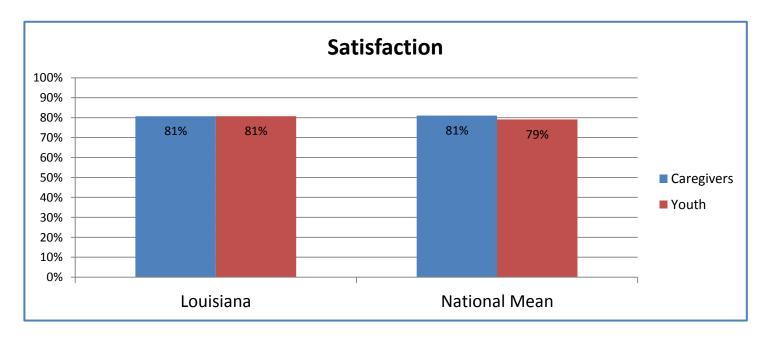
Although overall scores in Louisiana are similar to National Means, Louisiana's scores on the Effective Team work key element are lower, and are higher on the Needs-Based key element.





Satisfaction

Overall caregiver and youth satisfaction scores are similar to national means, and do not vary dramatically across regions, with no significant differences.







Initial Contract: May 2012 – April 2014

Extended: April 2015

Responsibilities:

- Conduct Training for all Wraparound and Family Support Organization staff in the Wraparound Process
- Provide training for Wraparound Clinical Directors and Supervisors in effective Coaching and Mentoring
- Conduct Specialized Training for Parent Support and Youth Support Partners



Training- University of Maryland

Targeted Training Audience:

- Wraparound Executive and Clinical Directors
- Wraparound Supervisors/Facilitators
- FSO Executive Director and Supervisors
- Parent Support Partners
- Youth Support Partners

Over 1300 staff participated in more than 60 onsite trainings



Recommendations

WFI and coaching data show that **ongoing training** and coaching support is needed in all regions on:

- Effective teamwork
- Engaging youth and families
- Helping facilitators and supervisors shift to a family- and needs-driven approach
- Increasing informal and natural supports on teams
- Tracking progress toward outcomes and meeting needs
- Identifying and using functional strengths in planning



Future Meeting Topics?

- Claims and Billing
- Contract Process
- Clinical Eligibility
- Data and Reports
- Enrollment
- Financial Eligibility
- FSO and parent/youth involvement
- Information Technology
- MCO Requests (Needs) & Ideas
- Monitoring
- Outcomes
- Provider Network
- Quality Assurance
- Waiver Compliance
- Wraparound Process & Fidelity